

Library

U R B A N D I S T R I C T O F T O R P O I N T

T H E

A N N U A L R E P O R T

O F T H E

M E D I C A L O F F I C E R O F H E A L T H

F O R T H E Y E A R

1958



-----OOO-----

TO THE CHAIRMAN AND MEMBERS OF THE URBAN DISTRICT COUNCIL
OF TORPOINT

Mr Chairman, Mrs Osborn & Gentlemen,

During the year 1958 there was no change in the estimated population of No. 7 Health Area, although there were minor changes in the populations of five of the six County Districts in the Area. There were small increases in the estimated populations of Torpoint Urban District and Looe Urban District, small decreases in those of St. Germans Rural District, Liskeard Rural District and Saltash Municipal Borough, whilst that of Liskeard Municipal Borough was unchanged. The corrected birth rate of 14.9 per 1000 was below the national figure of 16.4 per 1000. There was an increase in the number of still births and the rate per 1000 total births rose to 29.0 as compared with 17.1 in 1957.

The corrected death rate at 12.1 per 1000 of population was fractionally below the 1957 rate but again exceeded the national figure of 11.5. The total number of deaths at 684 exceeded the total of live births by 14, which is I believe due to the higher proportion of older people resident in this part of Cornwall. Of the various groups of diseases causing death those affecting the heart were most prevalent, with cancers of various kinds again holding second place. Of the defined forms of cancer that of the lung and windpipe was most numerous, with cancer of the stomach not far behind in order of prevalence as a cause of death. The mortality rate for lung cancer in this Health Area was only fractionally below that for the country as a whole, and was appreciably higher than that for the County of Cornwall. There was a small increase from 12 in 1957 to 15 in 1958 in deaths of infants under one year of age, but the infant mortality rate for the Area was still slightly below the rate for England and Wales. As is usual nowadays the bulk of infant mortality is in fact neo-natal mortality i.e. occurring in the first four weeks of life, and during 1958 this was the case in No. 7 Health Area where 12 of the 15 infant deaths were of infants under four weeks of age.

In my annual reports of the last two or three years I have written at some length about the increase in mortality due to cancer of the lung and bronchus. There is little new to add to what has already been said although such fresh statistical evidence as comes to light from time to time continues to incriminate moderate or heavy cigarette smoking as a major cause of this form of cancer. I do not know of any new facts or theories on the causation of this fatal disease which would lead me to modify the advice I have already given on the subject. I realise that to persuade confirmed addicts of cigarettes to relinquish the habit is an almost hopeless task, and the main object of education and propaganda must be directed to dissuading young people, especially those still at school, from taking up the smoking habit. The difficulties confronting any such campaign are formidable indeed. For one thing the danger is to the adolescent remote - some 30 to 40 years distant. Then there is lack of good example amongst those in contact with young people, parents, teachers, doctors, amongst whom the smoking habit is widespread and firmly established. Rarely has the task of reinforcing and supporting precept by good example been more difficult. Finally there is the psychology of the situation, in which everything conspires to suggest to the teenager that to smoke is an outward and visible sign of being "adult", a throwing off of the shackles of childhood, a symbol almost as meaningful as possession of the front door key.

The year 1958 was a relatively quiet one in the field of infectious disease, when the total number of cases notified was only 277, the lowest recorded in the Area since 1952 when 234 cases were notified. The most prevalent diseases were measles with 113 cases and whooping cough with 71 cases. Of individual districts Looe Urban District with 86 cases had the highest prevalence of notifiable disease due to small outbreaks of measles, and whooping cough. The lightest incidence of notifiable disease was in Torpoint Urban District with only 6 cases, and Liskeard Municipal Borough with 8 cases was almost as fortunate. Of more serious types of communicable disease there were four cases of poliomyelitis one of which in an adult was unfortunately fatal. The deceased being an adult was too old to have participated in the poliomyelitis immunisation scheme. Of the other three cases one child who suffered a moderate amount of paralysis had not been immunised. The other two cases, one of whom had been immunised were mild non-paralytic forms of the disease. One mild case of diphtheria in an adult too old to have been included in the diphtheria immunisation

campaign when it commenced in 1940 was notified in Torpoint Urban District.

There was some increase in the number of new cases of tuberculosis notified during 1958. There were 27 cases in all an increase of 6 over the 1957 total. Of these 23 were respiratory infections and 4 were non-respiratory infections. There were 6 deaths attributed to tuberculosis during the year. Whereas mortality from tuberculosis has fallen very sharply over the past ten years, and there has been some reduction in the number of new infections, the latter improvement has not been nearly so spectacular as one could have hoped or wished for. Indeed during the last 12-18 months there has been some increase in this Area in new cases discovered, and notified. In the first decade following the end of the last war it did appear that the prospects of eradicating tuberculosis were quite bright. Experience has however shown that some of our hopes and conclusions were perhaps wishful thinking, and the reduction in the amount of infection in the community, and the establishment of proper control over it will be a much slower process than was believed some years ago. I do not wish to appear a pessimist and give the impression that no further improvement is possible. I am confident that given the co-operation and understanding of the public it will be possible to reduce the incidence of tuberculosis to negligible proportions but we must not expect to reach this happy state of affairs without some delay, and without some reverses, and setbacks to our hopes from time to time.

Just over 100 years ago when what we now know as the Public Health Service had its beginnings the emphasis was on improving the appalling physical conditions in which a great many lived, since these were clearly linked with and responsible for widespread suffering, and disease, high mortality, and greatly reduced expectation of life. Although the pioneers and early workers in this field encountered many obstacles and had to fight against opposition from vested interests and apathy amongst those they were trying to help, the evils against which they fought were clearly defined physical entities such as unhealthy and overcrowded housing conditions, inadequate and grossly polluted water supplies and an almost total lack of sanitation. Most of these defects in mans physical environment have now been eliminated, and with the greatly reduced incidence of infectious disease, and a considerable improvement in living standard those factors menacing the physical well-being of the community have been largely removed. This decline in morbidity and mortality from communicable disease has tended to throw into sharper relief the other ills to which human flesh is heir. Not the least of these is disturbance or frank disorder of mental health the treatment of which has become a major preoccupation of the medical profession, and social workers throughout the country. The causes of mental ill-health are so numerous, and vary so much from one individual to another, that it is difficult, if not impossible to find any large scale or mass solution of them, and methods which served well in the past to deal with slum clearance, water supply, sanitation, immunisation and other public health procedures have a very limited application in the prevention of mental disability and disease, where the solution of problems must be on a much more individual basis. Even if sufficient and suitably trained personnel can be found to probe into the probable causes of mental disorder and to give advice, and material help to sufferers, there must be a large number of cases in which little real help can be given. So many of the causes lie deeply concealed or are so disguised as to be difficult to recognise, or are so large and widespread as to be incapable to solution that one can only hope for minor improvements, such as the mere sharing of the burden of anxiety may bring about. On the face of it mans efforts to provide himself with more material security, more leisure time, and a generally higher standard of living would seem to be reasonable, and indeed laudable. For some at least it may be that increased time for leisure provides not time for physical and mental recreation but more time in which to be bored, and greater opportunity to worry, whilst the attainment and maintenance of a higher standard of living, particularly if it involves "keeping up with the Joneses", inevitably involves a more pressing sense of responsibility than the simpler life did. It is also probably true that ordinary citizens feel themselves more involved in international affairs now that methods of mass destruction are being brought to a high degree of effectiveness. The last war left us in no doubt that none of us can count on being spared the hardships and the horrors of modern warfare, and I believe that this knowledge coupled with the increasing war of nerves, and international tension has some adverse effect on almost all of us. I have set out these probable causes of mental disability and ill-health to show what a formidable task exists in preventing anxiety and worry of one sort or another. Fortunately there is much which can be done in the realm of more local and personal problems and in this lies the main hope of preventing mental ill-health or lessening its effect before it becomes too firmly established.

It is appropriate after dealing with mental health to pass on to a subject which is generally believed to play some part in undermining mental stability and equilibrium. In this largely rural area the question of noise is nowhere so acute or distressing as in built-up areas where industry and modern systems of transport make a constant and substantial contribution of loud, discordant and often distressing

sounds to the uneasy air, the latest, and most strident villains of the piece being the large jet propelled aircraft. Whilst the human ear and its allied auditory system is amazingly tolerant of loud and discordant sounds, and serious or permanent damage to the hearing mechanism is uncommon outside very noisy industrial processes, it is clear that living in a noisy environment can cause mental fatigue and noise can be a serious detriment when it interferes with sleep or disturbs people who are ill or recuperating from illness. Whilst much has been and is being done to improve sound insulation and absorption in buildings, we are very much less critical when noise originates in the open air. Here the main source of unpleasant noise is the mechanically propelled vehicle. Not all are equally culpable, and the modern private car if well maintained, and considerably used does not create much noise. The main offenders appear to me to be inadequately silenced heavy transport vehicles, sports cars and motor cycles, the latter often in the hands of young people to whom the sound of an ear-shattering exhaust note is the be-all and end-all of living. With the rapidly mounting total of vehicles using the congested roads serious consideration will have to be given to the reduction or better the elimination of all unnecessary noise arising from traffic particularly in urban areas, and at night time. Another potent but less constant source of loud, and often disturbing sound is the modern public address system. This is now widely used to provide music at fairs and sports grounds, by business concerns to advertise their wares, by organisers of social events, by religious bodies and last but not least by candidates seeking to win votes for elections of one sort or another. Of these, the fixed installations on fair grounds, and sports fields, provided they do not operate too late in the evening, are probably the least disturbing. On the other hand the mobile installations carried on vans, trucks and even private cars can and do, by their ability to move close to dwellings in residential areas, cause considerable disturbance and annoyance to householders. It is notoriously difficult to shut out from our homes and our heads powerfully amplified sound, and we have therefore little choice of rejecting what we do not wish to hear. However sweet the synthetic chimes of the ice-cream vendor, or deep the wisdom of the politicians impassioned pleading, there are times, and occasions when we do not want them thrust upon us willynilly. Surely there are so many other means of modern publicity on press, radio and television in which the element of choice still remains with the customer or constituent as to whether he will look or listen, that the already clamorous air around our homes can be spared this noisy modern technique of mass persuasion. I feel that the use of public address systems particularly the mobile variety should be subject to stricter control, and their use confined largely to putting across to the public information of a vital and urgent character.

The steady increase in the proportion of elderly people in the community is well known, and increasing attention is being given to examining the problems and assessing the needs of old folks, particularly those living alone. There is no doubt that if old people can be kept in the surroundings to which they are accustomed they are normally very much more happy and content, and their care and maintenance represents a very much smaller charge on rates and taxes than placing them in an institution or an old persons home. The great majority of them can and do continue to live in their own homes and if the standards of cleanliness, and housecraft are not of the highest undue concern should not be felt if their living conditions do not constitute a nuisance or prove a source of annoyance or concern to their immediate neighbours. In many cases however the poor structural condition, of the house which may be too big for an old couple or a single old person to manage comfortably coupled with lack of amenities make it desirable that rehousing should be undertaken. Where old people are able-bodied, active and capable of looking after themselves the aim should be to transfer them to a small modern dwelling designed and equipped to meet the needs of the elderly. Such provision should be incorporated in new housing estates in such a way that the old people do not feel themselves shut away or segregated from the rest of the community, and can receive companionship and where necessary material help from their younger, and more active neighbours.

A certain number of the elderly, because they live far beyond the normal span, or because of some acceleration in the process of ageing, become physically and/or mentally incapable of caring for themselves, and become a source of anxiety to relatives, and neighbours, and as such form the subject of complaint. Apart from dirty and insanitary habits and mode of living, the dangerous practice of throwing paraffin oil on the fire, and the use of candles or oil lamps is almost invariably referred to. If the house in question is one of a row of houses, the anxiety about the fire risk is understandable. The singed eyebrows and hair of the old person together with evidence of damage to floor coverings, furnishings and bedding by sparks, live coals, or naked flames shows that the danger is real. Where this state of affairs exists the only satisfactory solution is for the old person to enter an institution or a home where they can be properly housed, fed, and cared for.

Unfortunately many - indeed most - of these difficult cases resent any attempt to help or advise them and are most reluctant to enter an institution or home. This reluctance to accept help or consent to move to a place where they can be adequately cared for stems from a variety of reasons, many of them not very sound. There is a spirit of independence which resents pressure or interference from outsiders and indeed in many cases from relatives and friends also. Coupled with this one often finds a deterioration in mental calibre and power of reasoning which enables the old person to accept a very much lower standard of living as a normal state of affairs. Finally there is a mistrust or fear of the institution or home as being nothing more than the dreaded "workhouse" of less happy days, and this fear is not easily dealt with when an otherwise excellent home is housed in buildings which were some years ago "the workhouse". I believe this latter fear is gradually dying away and being dissipated by the changed atmosphere, higher standards of care, and the brighter and more attractive appearance of accommodation at these places, whilst the purchase and conversion of large houses, and hotels for old folks homes is doing much to persuade those who can no longer care for themselves to more readily accept the accommodation which is offered them by welfare authorities.

Elderly persons are not unnaturally more prone to illness which usually confines them to bed. If they are living alone such a situation may soon result in a serious deterioration in their living conditions, and it seems to me that there should be provision for the rapid removal of the old person to hospital for treatment of the illness. Unfortunately such is the pressure on beds for old people in hospitals in the Plymouth Clinical Area that cases very frequently have to be put on a waiting list with no certainty of obtaining a bed for from two to four weeks. Such a delay causes much anxiety to the family doctor, the nursing service, and to neighbours, relatives and friends of the old person, and I am often approached with a request that I expedite the admission. Unfortunately I have no power to do so and can only reiterate what must already be known to the hospital authorities concerning the unsatisfactory home conditions. I hope the Regional Hospital Board will bear constantly in mind the necessity of having available an adequate number of beds to deal with the increasing number of old people in the community.

In recent years some hardening in the attitude of local residents to the establishment of caravan and camping sites in their neighbourhood has been noticeable. Much of the opposition derives from a belief that the establishment of further sites would be detrimental to the natural amenities of the district, and injurious to existing hotel and catering business in the vicinity. As I am not qualified to express any authoritative view on these matters I do not propose to comment on them. Some opponents of caravan sites have however gone further and suggested that such sites are necessarily detrimental to the health of those who use them, and to those who live in the neighbourhood in which they are situated. Given a good lay-out, with adequate spacing of caravans and tents, an adequate and pure supply of water, and proper methods of sanitation, sewage disposal and removal of domestic refuse, I know of no reason why any site should be a menace to the health of those who choose to live there, or to those local inhabitants in the vicinity. Although I personally do not favour the caravan, however well equipped or sited, as a place of permanent residence, I know of no evidence showing it to be an unhealthy way of life. Thus the well laid out site with good services offers no target for criticism on grounds of health.

We in the public health world are more perturbed by conditions obtaining on some of the older sites licensed before 1939 and on which it is difficult or impossible to enforce the provision of adequate services, and on sites which under existing legislation may be brought into use for a restricted period at the height of the holiday season. As I referred at some length to this aspect of the matter in my 1957 report, I shall not comment further at this.

An aspect of holiday making not unconnected with camping sites came to notice during 1958, and was the subject of complaint. I refer to the use of roadside verges and lay-bys by people who sleep in their cars. This not very desirable practice has been on the increase in recent years and during the peak holiday weeks of 1958 it reached considerable proportions in this part of Cornwall. Whilst nobody wishes to deny holiday makers the right to spend the nights of their holiday in this uncomfortable way if they so choose, the fouling of the ground in the vicinity by human excrement is something which cannot be overlooked. Since not all roadside verges are suitable for parking on, those parts which are tend to be heavily and continuously used for some weeks during July and August. We have for some years known of the problem created by litter left by motorists using roadside verges for picnicing, and efforts to cope with this showing some results. The unsatisfactory state of affairs arising when people in increasing numbers choose or are compelled to spend their nights by the side of the road is more difficult to deal with, and it may well be that such people will have to be persuaded or compelled to spend their nights on sites where some necessary sanitary services can be provided.

The only part of the Health Area in which up to now water supplies have been generally unsatisfactory and a cause for some concern has been the Liskeard Rural District. This situation has been undergoing a rapid improvement, particularly in the past two or three years, and within the next twelve months a large proportion of the residents in the Liskeard Rural District will have available an adequate supply of good quality water. When this position has been reached almost the whole of south east Cornwall will have good water supply arrangements.

In contrast with water supply progress in sewerage and sewage disposal has been much slower, and much still remains to be done. Now that Callington is provided with an effective sewage disposal system, the only sizeable inland town without proper means of dealing with sewage is the Borough of Liskeard. In this case all the engineering proposals for the provision of sewage disposal have been submitted to the Ministry of Housing and Local Government from whom the next move in the matter is shortly expected. At Looe the question of pollution of the river and the foreshore adjacent to the river mouth by crude sewage from the town has continued to cause concern to the Urban District Council, and outline schemes for improved methods of disposal have been prepared by Consulting Engineers and are under active consideration by the Council. Although some progress was made during the year in providing sewage disposal schemes in the larger villages in the Rural Districts many are still without adequate means for disposing of sewage. The arrival of more dependable water supplies in almost all parts of the Liskeard Rural District will undoubtedly increase the volume of domestic sewage to be disposed of and will aggravate nuisances which already exist in the neighbourhood of many villages and hamlets. In a world guided by Utopian principles I have no doubt that schemes for providing good supplies of water and those for disposing of waste matter adequately would proceed side by side. In our less, perfect society because our resources in materials, and finance would find it difficult to sustain simultaneous progress on both these fronts, schemes for water supply usually take precedence. I hope that the necessary supporting schemes for sewerage and sewage disposal will not be too long delayed.

In concluding this general preface I should like to express my sincere thanks to those with whom I have worked during 1958 for their help and kindness to me at all times.

I have the honour to be,

Mr Chairman, Mrs Osborn & Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

TORPOINT URBAN DISTRICT

Public Health and Water Committee

Councillor R.A. Grinter Chairman

Councillor H.E. Jago Vice-Chairman

together with six other Members of the Council. This Committee meets once a month and deals with the great majority of matters affecting public health.

Housing and Works Committee

Councillor E.J. Cocks Chairman

Councillor W. T. Jarvis Vice-Chairman

together with six other Members of the Council. This Committee meets once a month, and deals with a small number of matters affecting public health.

Public Health Officers of the Authority

P.J. Fox, M.B., B.Ch., D.P.H.
Medical Officer of Health.

{ Health Area Office,
Westbourne,
West Street,
LISKEARD, Cornwall,
LISKEARD 3373

W. Hogarth, M.R.S.H., M.A.P.H.I.
Senior Public Health Inspector, Highways Surveyor
and Water Engineer.

J.G. Biles, M.A.P.H.I.
Additional Public Health Inspector.

TORPOINT URBAN DISTRICT

Area of Urban District	975 acres
Registrar Generals Estimate of Population	6,150
Number of Inhabited Houses	1,248
Rateable Value of Urban District	£68,785
Sum represented by Penny Rate	£289

Vital Statistics for 1958

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	<u>47</u>	<u>26</u>	<u>73</u>

	<u>Torpoint U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	14.7	14.9	16.4

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	<u>2</u>	<u>-</u>	<u>2</u>

	<u>Torpoint U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	26.7	29.0	21.6

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	<u>28</u>	<u>29</u>	<u>57</u>

	<u>Torpoint U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	14.1	12.1	11.7

Maternal deaths one death registered

	<u>Torpoint U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England & Wales</u>
Maternal mortality rate per 1,000 total births	13.33	1.45	0.43

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Death of infants under 1 year of age	1	-	1

	<u>Torpoint U.D.</u>	<u>Health Area</u> <u>No: 7</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	13.7	22.4	22.5

Principal Causes of Death at All Ages

Heart Disease	20
Vascular lesions of the nervous system ("stroke")	12
Cancer (all sites)	10
Respiratory disease	6
Circulatory disease	2

Average Age at Death

Males	64
Females	73

There is little in the above figures that calls for special comment. In spite of a lower birth rate and a higher death rate than normal there was an excess of live births over deaths. The average age at death was for males again below the average for surrounding districts and for the Health Area as a whole.

Infectious Disease The incidence of infectious disease in the Urban District was remarkably light during the year when six cases only were notified.

The following are actual numbers and case rates of infectious disease during 1958:-

<u>Case Rates per 1000 of population</u>			
<u>Disease</u>	<u>Cases</u>	<u>Torpoint U.D.</u>	<u>Health Area No:7</u>
Measles	2	0.32	2.21
Pneumonia	2	0.32	0.72
Erysipelas	1	0.16	0.23
Diphtheria	1	0.16	0.02

The single case of diphtheria occurred in a 39 year old adult who was too old to have been included in the diphtheria immunisation scheme when it commenced in 1940. The man concerned made a complete recovery. There were no deaths from infectious disease during 1958.

Tuberculosis Four cases of respiratory tuberculosis, and one case of non-respiratory tuberculosis were notified during the year. There were no deaths attributed to tuberculosis during 1958.

The following are details of new cases and case rates in the Urban District during the year:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1	-	-	none	
1 - 5	-	-		
5 - 15	1	-	registered	
15 - 45	-	2		
45 - 65	2	-		
65 and over	-	-	-	
	<u>3</u>	<u>2</u>		

Rate per 1000 of population

	<u>Torpoint U.D.</u>	<u>Health Area No:7</u>
New cases	0.81	0.53
All known cases	8.29	6.46
Deaths	-	0.12

At the end of 1958 there were 43 known cases of respiratory tuberculosis, and 8 known cases of non-respiratory tuberculosis residing in the Urban District.

National Assistance Act, 1948. No action under Section 47 of this Act was called for during 1958.

Water Supply This has been generally satisfactory in respect of quantity and quality throughout the year. It is hoped that work on the installation of new pressure filtration plant will commence during 1959. When this is completed, and the new plant comes into operation it will make the task of purifying and treating the raw water much easier for the Water Engineer and his staff.

Sewerage and Sewage Disposal This continues as before with the discharge of crude, untreated sewage to the Hamoaze Estuary on the east and south-east of the town.

Food Owners and managers of food shops and cafes were on the whole very co-operative in taking any steps to bring their premises and businesses up to the standard required by the Food Hygiene Regulations, 1955. Regular sampling of milk supplies, ice-cream and variety of other foods showed a generally high standard.

Food Poisoning No cases were notified during 1958.

Factories Act, 1937 and 1948 No difficulties in the administration of these Acts was experienced during the year.

Report of the Senior Public Health Inspector This report by Mr Wilson Hogarth follows. I should like to thank Mr Hogarth and his colleague Mr Biles for the help they have given me at all times during the year.

Sanitary Circumstances of the Area

Water Supply.

It has been noticed during the year that the water consumption in the lower and older part of the town has decreased by approximately 200 gallons per hour, whereas that in the higher and newer section has increased by 300 gallons per hour, a net increase of 100 gallons and a daily increase of about 1,200 gallons, if the increase is considered to apply over a 12 hour day. The cause of this change is undoubtedly the reduction in the number of families residing in older houses due to the shift to new dwellings built by private enterprise for owner occupation and to Council houses for rental. The state of water supplies generally is very satisfactory indeed. The two reservoirs, namely Eglaroose and Craithole, continue to function very satisfactorily, also the small pumping station at Pool Farm, and there has been no trouble of a major nature with the trunk mains and the same statement could be applied to the whole of the distribution system where only normal maintenance work has been carried out.

The killing of weeds in Craithole Reservoir with Atlacide has proved to be a failure, so an attempt is now being made to dig out the roots of the weeds, and to expose them to frost in the hope that this will be more effective than the weed-killer. Nevertheless, further enquiries are being made into the possibility of chemical destruction of these weeds and, although certain information has been received, it will not be possible to apply it until next winter, owing to the shortness of the wet season still remaining and the fact that any claims by manufacturers of weed destroyers will have to be thoroughly investigated before any of them are applied to the actual work on the reservoir.

Water Sampling.

Twentyfive samples of treated and untreated water were taken during the year, and of these, two treated samples were found to be of poor quality. In these cases, further samples were taken immediately and found to be of a satisfactory standard.

In March, special samples of treated and untreated water were forwarded to a public analyst for chemical and bacteriological tests. The results were similar to those of last year, and showed that the water was of satisfactory standard.

Regular tests to ascertain the oxygen content of the water supply were carried out, and the results indicated when it was necessary to aerate the water to prevent unpleasant taste and smell. During the winter months it has been found unnecessary to continue the tests, as the oxygen content remains high.

Drainage and Sewerage.

All that can be said about this service is that it continues to function very satisfactorily. No trouble of any kind has been experienced during the 12 months.

Refuse Collection and Disposal.

As might be expected, the cost of this service is rising steeply due, not only to increasing wages, but also to the further dispersal of population in the new housing estates, with the consequent increase in time taken for collection. The cost of collection during the past twelve months was £2,249, but it is estimated that this will rise to £2,642 during the next twelve months. The question of refuse disposal continues to cause considerable anxiety. The tip at Borough is rapidly becoming filled up and there seems to be little prospect of obtaining a fresh tip elsewhere. It is now feared that even if the

Council is able to have an incinerator constructed, the disposal of resultant dust and clinker will also become a problem in a few years time because of this lack of tipping space.

Housing.

The housing situation in the town has now reached a very satisfactory state indeed. The Council's list of applicants for houses is shrinking and seems to contain a larger number of doubtful cases than ever before, whilst at the same time fortythree new dwellings were completed during the twelve months, nineteen by private enterprise for owner/occupation and twentyfour Council houses. The prospect for the nexttwelve months is also very good because there are, at the present time, nine flats under construction by the Council at Macey Street, also it is hoped to begin the construction of a further eighteen houses and flats on the Queen's Park Estate during the next twelve months. Plans are also actively in preparation for the removal of the Arcon bungalows from the Mt. Edgumbe Estate and the replacement of these withtraditional houses, but this programme is likely to be spread over at least three years. The whole of the remaining building land on the Queen's Park Estate is likely to be used up during the next twelve months and fresh housing sites will have to be found if the rehousing of the population is to continue at the same rate. It is doubtful, however, whether this is necessary. Indeed, if it were not for the slum clearance programme, very few new Council houses would be needed, and present demands from the housing list might possibly be met by the normal shift of families away from Council houses.

Slum Clearance.

The Torpoint U.D.C. made a Clearance Order in respect of a row of eight unfit houses. The owners appealed, and at the end of the year the interested parties were waiting for the case to be considered at a Public Enquiry held by the Ministry. Seven Demolition Orders were made in 1958, and against two of these, appeals were made. After inspecting the houses, the County Court Judge decided in favour of the local authority, who, at the end of the year were making arrangements for demolition in default of the owners. One house was demolished in default of the owner and the site purchased in connection with the building of new flats adjacent.

Factories.

Eleven factories registered in the district have power, and there is one factory without power. No conditions were found which justified the service of notices.

Shops and Food Premises.

A summary of the food premises in the District is as follows:-

- 1 Baker & confectioner registered for sale of ice-cream, Cornish cream and for manufacture of cooked meats.
- 1 Butcher
- 3 Butchers manufacturing sausages and cooking meat.
- 2 Cafes and snack-bars selling ice-cream.
- 1 Confectionery.
- 1 Confectionery registered for sale of ice-cream.
- 2 Dairies and purveyors of milk.
- 1 Fish and chip shop selling ice-cream and manufacturing fish-cakes.
- 1 Fish and chip shop selling ice-cream, wet fish and making fish-cakes.
- 3 General shops registered for sale of ice-cream.
- 1 General and confectionery shop selling ice-cream.
- 1 General shop selling ice-cream and bottled milk.
- 1 Greengrocery.
- 1 Greengrocery and fishmongery.
- 1 Greengrocery registered for sale of ice-cream and Cornish cream.
- 1 Grocery registered for baking cakes and cooking meats.
- 3 Grocers Shops.
- 1 Grocery selling ice-ream and bottled milk.
- 1 Grocery registered as a dairy and selling ice-cream.
- 1 Grocery and greengrocery.
- 1 Grocery and wine merchant.

1 Sale and storage of ice-cream.
1 Sweet shop and newsagent.
1 Sweet shop and newsagent registered for sale of ice-cream.
1 Sweet shop, tobacconist and hairdresser.

3 Private clubs selling food.

6 Licensed premises.

Registered under Section 16 of the Food and Drugs Act, 1955, are the following premises:-

Sale of ice-cream.	15
(Including 2 registered premises where sales are at present discontinued)	
Manufacture and sale of cooked meats	2
" " " " cooked meats and sausages	5

Three premises registered as dairies have occupiers licensed for the purveying of specially designated milk. Three shops are licensed for the sale of bottled milk. All milk sold in the Urban District is pasteurised. There are three food shops registered for the sale of Cornish cream.

It was not found necessary to serve any Statutory Notices in connection with the inspection of food shops under the Food Hygiene Regulations, as requirements entailing structural alterations have been complied with, and most of the shop-keepers have been co-operative when approached informally regarding any contravention of the regulations.

Food Sampling.

Twentyeight milk samples were taken during the year, and of these, twentysix were quite satisfactory. No case could be traced for the other two not reaching the required standard, but it was considered probable that the milk was older than expected and that the result was due to growths of souring organisms.

All of the thirtyone samples taken of ice-cream were found to be in the highest grade, and no pathogenic organisms were found in any of the samples taken of fish balls, fish cakes, frozen sausages, cooked ham, bottled cockles, fresh crab, organic beverage and fresh cream.

A list of food condemned and surrendered for destruction by burning is as follows:-

5 x 6 lb. tins of Australian corned beef.
3 x 11 lb. tins of ham.
3 stone frozen fish roes.
7 stone rock salmon.
 $\frac{1}{2}$ stone hake.

No slaughtering is carried out in the Urban District of Torpoint.

Rodent Control.

Very few complaints were made concerning infestations of rats and mice. Test baits were carried out where vermin were reported, but no takes at all were recorded. No infestations were found around the shores or in the sewers.

Vermin.

An inspection of one house, following a complaint regarding disrepair, revealed that there was a heavy infestation of bed bugs.

The occurrence of vermin in Torpoint is very rare and the premises concerned were disinfested successfully.

Sanitary Inspections of the Area

I. Inspection of Dwelling Houses during the Year.

1. (a) Total number of dwelling houses inspected for defects under Public Health and Housing Acts. 217
- (b) Number of inspections made for the purpose. 783
2. (a) Number of dwelling houses (included in sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations 1925 & 1932. 0
- (b) Number of inspections made for purpose. 0
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. 3
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation. 15

II. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers. 3

III. Action under Statutory Powers during the Year.

- (a) Proceedings under Section 9, 10 and 16 of the Housing Act, 1936, and Sections 9, 10 and 12 of the Housing Act, 1957 :-
 1. Number of dwellinghouses in respect of which notices were served requiring repairs. 10
 2. Number of dwellinghouses in which defects were remedied after service of formal notices:-
 - (a) by owners 5
 - (b) by Local Authority in default of owners 0
- (b) Proceedings under Public Health Acts :-
 1. Number of dwellinghouses in respect of which notices were served requiring defects to be remedied. 5
 2. Number of dwellinghouses in which defects were remedied after service of formal notice :-
 - (a) by owners 3
 - (b) by Local Authority in default of owners 0
- (c) Proceedings under Section 11 and 13 of the Housing Act, 1936, and Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and Sections 16 and 23 of the Housing Act, 1957 :-
 1. Number of dwellinghouses in respect of which Demolition Orders were made. 7
 2. Number of dwellinghouses demolished in pursuance of Demolition Orders. 1

3. Number of undertakings not to use unfit houses accepted.	0
4. Number of dwellinghouses in respect of which Closing Orders were made.	0
5. Number of dwellinghouses in respect of which Closing Orders were determined.	0
(d) Proceedings under Section 12 of the Housing Act, 1936, and Section 18 of the Housing Act, 1957.	
1. Number of separate tenements or underground rooms in respect of which Closing Orders were made.	0
2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit.	0
IV. <u>Housing Act, 1936, Part IV and Housing Act, 1957, Part IV.</u>	
<u>Overcrowding :-</u>	
(a) 1. Number of wellings overcrowded at the end of the year.	0
2. Number of families dwelling therein	0
3. Number of persons dwelling therein	0
(b) Number of new cases of overcrowding during the year	0
(c) 1. Number of cases of overcrowding relieved during the year	0
2. Number of persons concerned in such cases	0
(a) Drains tested.	37
No. of visits re. drainage.	51
(b) Visits re. infectious diseases.	2
Premises disinfected.	1
(c) Inspections of Food Premises.	92
(d) Inspections of shops under Shops Act.	6
(e) Inspection of Factories.	12
(f) Preliminary Inspection of houses for slum clearance plan.	15

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1958

DISEASE	ST. GER- MANS R.D.	LIS- KEARD R.D.	SALT- ASH M.B.	TOR- POINT U.D.	LIS- KEARD M.B.	LOOE U.D.	HEALTH AREA No: 7
Heart Disease	73	60	38	20	53	23	267
Cancer (all sites)	43	19	19	10	15	7	113
Vascular lesions of the nervous system ("stroke")	29	26	15	12	17	1	100
Respiratory disease	11	19	5	6	7	6	54
Circulatory disease	15	7	2	2	5	2	33
Accidents	5	4	6	-	2	1	+ 18
Genito-urinary disease	5	3	2	1	1	1	13
Diabetes	4	-	1	-	1	-	6
Tuberculosis	3	3	-	-	-	-	6
Suicide	-	1	2	-	-	-	3

+ Includes 4 deaths in motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1958

TYPE OF DISEASE	ST. GER- MANS R.D.	LIS- KEARD R.D.	SALT- ASH M.B.	TOR- POINT U.D.	LIS- KEARD M.B.	LOOE U.D.	HEALTH AREA NO: 7
Coronary disease, angina	24	19	14	9	11	14	91
Hypertension with heart disease	5	4	3	2	3	-	17
Other heart disease	44	37	21	9	39	9	159
Cancer of lung & bronchus	9	2	7	2	1	1	22
Cancer of stomach	9	1	3	1	3	-	17
Cancer of breast	5	1	1	1	1	-	9
Cancer of uterus	3	-	1	-	1	1	6
Other cancers	17	15	7	6	9	5	59

APPENDIX 3.

DEATHS BY AGE GROUPS - 1958

DISTRICT	0 - 5 YEARS	5 - 15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 YRS & OVER	ALL AGES
St. Germans R.D.	4	2	6	45	60	93	210
Liskeard R.D.	6	1	7	31	39	81	165
Saltash M.B.	2	1	3	23	23	49	101
Torpoint U.D.	2	1	1	7	23	23	57
Liskeard M.B.	2	-	4	18	32	51	107
Looe U.D.	1	-	-	8	16	19	44
Health Area No: 7	17	5	21	132	193	316	684

APPENDIX 4.AVERAGE AGE AT DEATH - 1958

<u>DISTRICT</u>	<u>MALES</u>	<u>FEMALES</u>
St. Germans R.D.	68	71
Liskeard R.D.	68	73
Saltash M.B.	70	70
Torpoint U.D.	64	73
Liskeard M.B.	70	73
Looe U.D.	69	72
<hr/>		
Health Area No: 7	68	72
<hr/>		

APPENDIX 5.TUBERCULOSISNEW CASES AND DEATHS IN HEALTH AREA NO: 7 - 1958

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1 Year	-	-	-	-
1 - 5 Years	1	-	-	-
5 - 15 Years	3	2	-	-
15 - 45 Years	8	8	-	1
45 - 65 Years	3	-	3	1
65 Years and Over	-	2	1	-
<hr/>				
Totals	15	12	4	2
<hr/>				
	<u>MALES</u>		<u>FEMALES</u>	<u>TOTAL</u>
New Case Rate Per 1,000 of Population	0.29.		0.23.	0.53
Mortality Rate Per 1,000 of Population	0.08		0.04	0.12

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO: 7 - 1958

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES AT 31.12.58.</u>	<u>DEATHS</u>
St. Germans R.D.	0.45	6.25	0.19
Liskeard R.D.	0.36	4.97	0.22
Saltash M.B.	0.67	7.81	-
Torpoint U.D.	0.81	8.29	-
Liskeard M.B.	0.93	7.18	-
Looe U.D.	0.27	6.37	-
Health Area No: 7	0.53	6.46	0.12
Cornwall County	0.65	7.36	0.13

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1958

<u>Age Group</u>	<u>Males</u>	<u>Females</u>
15 - 45	1	-
45 - 65	8	5
65 - 75	4	2
75 and over	2	-
<hr/>		
All Ages	15	7
<hr/>		

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1,000 OF POPULATION - 1958

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Health Area No: 7	0.293	0.137	0.430.
Cornwall County	0.218	0.065	0.283
England & Wales	0.378	0.062	0.440

